

Form CPF 18A: Report of Independent Expenditure Promoting Election or Defeat of Candidate(s)

Office of Campaign and Political Finance

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One Bost	e of Campaign and Political Finance Ashburton Place on, MA 02108) 727-8352.		*	¥ g					
•	Date of Report:	November 6, 2006							
1.		(Must be filed within 7 business days of expendi	ture(s) in excess of \$100.00 in agg	gregate)					
2.	Expenditure(s) Made By:	Made By: Massachusetts Nurses Association (Name of individual or group making expenditure)							
			Canton	02021					
		340 Turnpike St Street Address	City/Town	Zip					
3.	Name of Candidate(s) Fo	Whom the Above Expenditure(s) Election or Defeat Promoted: Report Nyman State Rep.							
		- FOUNT MAIN	Will street						
4.	Expenditure(s):		# # # # # # # # # # # # # # # # # # #						
Γ			D	Amount					

Date Paid	To Whom Paid	Address	Purpose	Amount
11/4/06	Saltus Press	24 Jolma Rd.	Mailing	,242.1
11/1/00	Dareds Tress	Worc, 01604		150
11/3/06	Saltus Press	24 Jolma Rd.	Mailing	179.6
		Worc. 01604		0.446
11/4/06	Stones Phones	121 S. Palm Canyon	Auto Dials	1244.8

Palm Springs CA 92262

I hereby certify the expenditures noted are independent expenditures, as defined by M.G.L. c.55, section 18A:

(1) the individual(s) or group who made the expenditure(s) described herein did not solicit or receive any contributions in contemplation of such expenditure(s); and

(2) the individual(s) or group who made the expenditure(s) described herein did not cooperate, consult or act in concert with or at the request or suggestion of any candidate, or political committee organized on behalf of any candidate, or any agent of a candidate or any political committee in making such expenditure(s).

I further certify that all statements made herein are true and accurate.

Signed	under	the	penalties	of	perjury:
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Katrina Anderson Director, Legislation and Government Affairs

Print Name of Individual Signer and Title (if signing on behalf of a group)